

MONTANA SURPLUS LINES MULTI-YEAR POLICY PREMIUM SUBMISSION FORM

THIS FORM IS TO BE USED FOR PAPER FILINGS ONLY – A 1% STAMPING FEE WILL BE ASSESSED FOR FILINGS WITH THIS FORM

THIS FORM IS NOT BE USED TO RENEW A SURPLUS LINES POLICY. A SURPLUS LINES POLICY RENEWAL REQUIRES THE COMPLETION AND FILING OF A MONTANA SURPLUS LINES SUBMISSION FORM EITHER ELECTRONICALLY OR BY A PAPER SUBMISSION

NOTICE: Complete entire submission form. Do not leave any blanks. Write "NA" if any question is "not applicable."
Incomplete submission forms will be returned

NOTICE: THIS FORM IS ONLY TO BE COMPLETED FOR POLICIES THAT HAVE A TERM LONGER THAN 12 MONTHS AND HAVE AN ANNUAL PREMIUM PAYMENT. THIS FORM IS NOT TO BE USED WITH MULTI-YEAR POLICES THAT HAVE A SINGLE PREMIUM PAYMENT

INSURED: _____ POLICY NUMBER: _____
MT ADDRESS: _____ ← MT LOCATION ONLY
_____ ← MT LOCATION ONLY

Premium Payment Information

Name of Unauthorized Insurer(s): _____ Lloyds Syndicate # _____

Policy Period From: _____ To: _____ Limits of Coverage: \$ _____

Annual Renewal Date _____

Policy Premium: \$ _____ Fire Premium: \$ _____

Premium Tax: (2 ¾%) \$ _____ Fire Tax (2.5%): \$ _____

Stamping Fee: (1%) \$ _____ Inspection Fee: \$ _____

FOR OFFICE USE ONLY:

ACCEPTED STAMP ONLY

SURPLUS LINES PRODUCER: _____

**SL PRODUCER
AGENCY NAME
ADDRESS
CITY/ST/ZIP**

SURPLUS LINES INDIVIDUAL LICENSE NO. _____

NOTICE: Under Montana law, inspection fees for the actual cost of inspecting the risk to be covered may be charged. Other fees, such as placement fees or policy fees, are not permitted.